



FINANCIAL MANAGEMENT  
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
PO BOX 480, JEFFERSON CITY, MO 65102-0480  
MPP Final Expenditure Report Invoice/Completion Report

Due Date: May 15, 2006

LEAD AGENCY			COUNTY-DISTRICT CODE EIN NUMBER
CONTACT NAME	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	CONTACT E-MAIL
ADDRESS		STATE MO	ZIP CODE

**DIRECTIONS**

MAIL OR FAX (573) 522-5085 THE COMPLETED FORM TO: EARLY CHILDHOOD EDUCATION, MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, PO BOX 480, JEFFERSON CITY, MO 65102-0480  
FOR PROGRAM-RELATED QUESTIONS, CONTACT EARLY CHILDHOOD EDUCATION: (573) 751-2095  
FOR PAYMENT QUESTION CONTACT FINANCIAL MANAGEMENT; PH: (573) 751-4420

BUDGET CATEGORIES	Site 1 Operational	Site 2 Operational	10% Community Set-aside Operational	Site 1 Start-up	Total Expenditures
6100: SALARIES					
6200: BENEFITS					
6300: PURCHASED SERVICES					
6400: MATERIALS/ SUPPLIES					
6500: CAPITAL OUTLAY					
ADMINISTRATION					
ACTUAL EXPENDITURE TOTALS					

AMOUNT RECEIVED TO DATE (For New Programs this number should be the total of your Start Up Funds and Operational Funds)

AMOUNT REQUESTED  
(Actual Expenditures *Minus* Amount Received To Date)

I, the undersigned, as official representative of the Lead Agency, certify the Lead Agency to be in compliance with the assurances signed in the application(s).

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

**FOR DESE USE ONLY**

Encumbered with DPR#:

Transaction ID:

Vendor Number:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Early Childhood Staff Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION I – ON GOING PROFESSIONAL DEVELOPMENT** (New and Expanding Programs and Professional Development Programs).  
**INCLUDE ONLY PROFESSIONAL DEVELOPMENT ACTIVITIES THAT WERE PROVIDED WITH MPP FUNDING AND WERE REPORTED ON PAGE 1 AND 2, BUDGET INFORMATION.**

	LEAD AGENCY	10% COMMUNITY SET ASIDE
1. THE <b>NUMBER</b> OF PROGRAMS THAT WERE PROVIDED WITH FEES FOR ACCREDITATION DURING THIS PROGRAM YEAR.	____ NAEYC ____ MO ACCREDITATION	____ NAEYC ____ MO ACCREDITATION
2. THE <b>NUMBER</b> OF PROGRAMS THAT HAVE ACHIEVED ACCREDITATION DURING THIS PROGRAM YEAR.	____ NAEYC ____ MO ACCREDITATION	____ NAEYC ____ MO ACCREDITATION
3. THE <b>NUMBER</b> OF TEACHERS/ASSISTANTS THAT WERE TRAINED IN A CURRICULUM DURING THIS PROGRAM YEAR.	____ HIGH SCOPE ____ CREATIVE CURRICULUM ____ PROJECT CONSTRUCT	____ HIGH SCOPE ____ CREATIVE CURRICULUM ____ PROJECT CONSTRUCT
4. THE <b>NUMBER</b> OF TEACHERS/ASSISTANTS WHO COMPLETED CDA TRAINING DURING THIS PROGRAM YEAR.		
5. THE <b>NUMBER</b> OF TEACHERS/ASSISTANTS WHO RECEIVED COLLEGE TUITION ENROLLED IN T.E.A.C.H. MISSOURI DURING THIS PROGRAM YEAR.		
6A. THE <b>NUMBER</b> OF TEACHERS/ASSISTANTS WHO RECEIVED OTHER PROFESSIONAL DEVELOPMENT OPPORTUNITIES DURING THIS PROGRAM YEAR.		
6B. THE <b>NUMBER</b> OF PROGRAMS THAT WERE INVOLVED IN THE ABOVE PROFESSIONAL DEVELOPMENT ACTIVITIES DURING THIS PROGRAM YEAR.		
7. ALL OF THE ABOVE PROFESSIONAL DEVELOPMENT ACTIVITIES WERE PROVIDED WITH MPP FUNDS AND HAVE BEEN REPORTED ON PAGE 1 AND 2, BUDGET INFORMATION.	____ YES	____ YES
8. BRIEFLY DESCRIBE TWO OR THREE SUCCESSES THAT HAVE OCCURRED WITHIN THE MPP PROGRAM AND IN THE COMMUNITY AS A DIRECT RESULT OF THE MPP FUNDING. PLEASE ATTACH ADDITIONAL PAGES IF NEEDED.		